•	MLA Revision (10/01/2008)	Based On PTO/SB/17 (10-07		
JA JA	Effective on 10/01/2008  A Get pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known		
		Application Number	10/681,348	
	18EE TRANSMITTAL	Filing Date	October 9, 2003	
	1 9 2010 (m) FOR FY 2009	First Named Inventor	JUNG, Yong Chae	
		Examiner Name	Calvin MA	
	Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2629	
1.4	AMOUNT OF PAYMENT (\$) 1030.00	Attorney Docket No.	8733.923.00	
	Examiner Name Calvin MA  Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2629  AMOUNT OF PAYMENT (\$) 1030.00 Attorney Docket No. 8733.923.00  METHOD OF PAYMENT (check all that apply)			
		None Other (plea	se identify):	
	Deposit Account Deposit Account Number: 50-0911	Deposit Account Nar	ne: McKenna Long & Aldridge LLP	
	For the above-identified deposit account, the Director is here	by authorized to: (check all t	hat apply)	
	<u></u>			

## Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 270 220 110 330 540 Utility 165 220 100 50 140 70 Design 110 220 165 170 85 Plant 115 330 330 165 540 270 650 325 Reissue 220 110 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) 52 Each claim over 20 (including Reissues) 26 Each independent claim over 3 (including Reissues) 220 110 390 195 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) \_ - 20 or HP = \_\_\_ 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims - 3 or HP = \_\_\_\_0 \$220 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$) - 100 = <u>0</u> 0 (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 540.00 Other (e.g., late filing surcharge): Notice of Appeal 490.00 EQT

SUBMITTED BY	0		· · · · · · · · · · · · · · · · · · ·
Signature	En Muse	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Eric J. Nuss		Date January 19, 2010